COLLEGE OF

Physicians and Surgeons

OF ONTARIO.

ADDRESS

AT THE ANNUAL MEETING OF THE MEDICAL COUNCIL OF ONTARIO, JUNE 14TH, 1892,

BY THE PRESIDENT,

J. ARTHUR WILLIAMS, M.D.

TORONTO.

JUNE 14TH, 1892.

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ADDRESS

OF

DR. WILLIAMS, RETIRING PRESIDENT OF THE COUNCIL OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO.

GENTLEMEN OF THE COUNCIL,—It is my pleasing duty to welcome you to your labour for the ensuing year.

With you I deeply regret that one member, a representative of the Homœopathic branch of the profession, Dr. Oliphant, will not meet with us again. For him, trouble and strife in the medical profession are over. With his more intimate friends, we join our sorrows that in the morning of life—a life full of promise for future usefulness—his sun has set.

> "From toil he wins his spirit's light,
> From busy day the peaceful night;
> Rich, from the very want of wealth
> In heaven's best treasures—peace and health."

In his place we welcome back to the Council our former colleague, co-worker and esteemed friend, Dr. Vernon, of Hamilton.

The year that is now drawing to its close has not been without considerable anxiety to the medical profession. The legislation which you secured in 1891, and which you believed to be in the interests of the public and the profession, has been very largely misunderstood. Efforts have been made, not only to have that legislation repealed, but to have other changes made in the Medical Act, some of which would be of very great detriment to the College of Physicians and Surgeons of Ontario, if they did not entirely destroy its usefulness. (Hear, hear.)

It is to be regretted that there should be any members of the profession, who would think for a moment that the Council—the representative body of the profession—should have any interest to serve other than that of the public and the profession; but so long as we have representative institutions, we must expect to come under the same influences as other representative bodies. If, for instance

in a municipality we select twelve of the most estimable men, elect them as municipal councillors, before the first year is ended, they are incompetents and noodles; and if they unfortunately continue in power for three years or more, they need not be surprised to learn from the criticising public that they are murderers, or worse. Members of this Council must not hope to escape from a like fate.

We think that one reason why the actions of the Council are misunderstood, is because of a want of inter-communication between it and the profession. As you are aware, it is not possible to get any considerable number of the medical men together, for the purpose of allowing their representatives to address them on the questions likely to come before the Council. The public press can scarcely be expected to deal with these subjects to any great extent, because it caters to the entire public, and can not be expected to give great space to questions interesting only to some 2,100 medical men. We would think that the medical press would be placed in a somewhat different position; that their highest interests would be to afford such information as would be beneficial to the members of the profession. But while we, as outsiders, think so, the editors, upon whom rests the responsibility of managing the papers, apparently do not look at the question in the same light; for we find the merest epitome of the Council proceedings is all that goes out to the profession; and they are left without that light, on the proceedings of the Council, which they are anxious to get and ought to receive.

Because of this want of publicity, or largely because of it, a misconception exists with the public, as well as with many members of the profession, as to the utility of the College of Physicians and Surgeons. It is not uncommon to hear from the public, that it is a huge monopoly gotten up and maintained for the benefit of the profession, to the detriment of the public; and from the profession, we not infrequently hear that free trade in medicine is a desideratum.

I need not say to you, that this is a great mistake, not only in so far as the public are concerned, but also the profession; for the public are the beneficiaries in the first place, and the medical men, in a secondary sense, receive more than compensation for all they have been called upon to contribute to the funds of the College. That we may understand to what extent the public and the profession are interested, it may be wise to hastily review some steps which have led up to the present status, and to mention some of the difficulties that we have had to overcome. To understand this fully, we must look to the status of the profession previous to 1865, the date of the first Act by which the Council was established. We practically had free trade in medicine, though not in the letter of the law. We had three medical schools in Ontario. We had three licensing boards, including Eclectic and Homœopathic. Each one of these had its own standard,

and each its own curriculum; and each vied with the other to turn out the greatest number of students. The Province of Quebec sent up a goodly number, and the American schools of all shades, Eclectic, Homœopathic and Regulars, not a few, while Europe drenched upon us her surplus graduates. Thus this Province was more than full with imperfectly qualified medical men. Under these circumstances, the schools sought legislation, each thinking the other a greater culprit than itself, in letting loose upon the country poorly qualified men; and they hoped by legislation to restrain the offenders, while they had a common desire to preserve the Province for the practice of their own graduates to the exclusion of foreigners.

The Medical Act of Upper Canada, passed in 1865, was the result. This Act established "The General Council of Medical Education and Registration of Upper Canada," subsequently known as "The Council." It was a compromise Act. The universities and schools, whether granting degrees or teaching medicine, were either consenting parties to this Act, or were compelled to come under its provisions; their interests being protected, by their being given representation in the Council, and by a further provision, that any curriculum established by the Medical Council, must receive the approval of the Governor-in-Council, and be published once in the *Canada Gazette*, before it became binding on the universities and schools. Provision was also made for the election of twelve persons for a period of three years from among the registered practitioners of medicine in Upper Canada. These with the representatives of the universities and schools, made up the entire Council. The taking into the Council of the territorial men was viewed differently by different parties. To one it was the giving of representation to the profession in the Council, that it might have a voice in its control and management; while to others it was a further guarantee that one school should get no advantage over the others, the territorial men holding the balance of power. The electoral divisions then accepted were those established for the election of members of the Legislative Council. These were convenient in those days, and perhaps as fair as any could have been. It was before the science of gerrymander had secured a footing.

The Act provided for registration. It stipulated what the qualification should be, and the fees to be paid, and gave to the Council the general control and management.

The Council was given power to establish a uniform standard of matriculation, and also to "fix and determine from time to time the medical curriculum," though it was not allowed to conduct the examinations. Each individual school conducted its own examinations after its own fashion. I may call your attention to the fact, that the British Medical Act has only reached this stage up to the present. The House of Commons in Great Britain refused to take from the

schools the right to hold examinations, which should qualify for obtaining the necessary license to practise without their consent.

When this Act came into operation in 1866, it made a wonderful stirring up among the practitioners. Those with foreign degrees were obliged to return to the country of their profession, or enter one of the schools and qualify here. Some presented themselves to the licensing boards, and in many cases secured licenses and returned to practice. The less fortunate, who were practically without qualification, were compelled to complete their medical education. The result was, the number of practitioners in the country was very materially decreased, to the great advantage of both public and profession. But this Act was not found to be satisfactory. Though the standard for graduation was the same for all the schools, yet, each controlling and conducting its own examinations, the attainments of the graduates, as might be expected, were widely different.

Then, again, there were two legalized branches of the profession, the Homœopathic and the Eclectic, whose status was in no way allowed to be effected by this Act, a special clause being introduced for this purpose. Because of these defects, and with a view to remedying them, the Legislature was again approached in 1868, in this instance, not by the schools, but by the Council; and the 1868-69 Act was the result. The features of this Act were in many respects like the '65 Act, but there were some very important advances. The Council was given power to conduct matriculation and also professional examinations.

From this time, the uniform standard of medical examinations became a fixed fact, the same being exacted from all students from all branches of the profession. This provision rendered it necessary that, if the Homœopathic and Eclectic students were to pass the same examination and be subject to the same pains and penalties, these bodies should be represented in the Council and on the Examining Board. And it became necessary that the different medical Acts be consolidated, and the medical profession of Ontario incorporated. This was done, under the name and style of "The College of Physicians and Surgeons of Ontario."

To induce the schools, as well as the Eclectic and Homœopathic branches of the profession, to consent to submit their students to the one common examination, in so far as applicable, it became necessary to so organize the Council and Examining Board that their individual interests would be protected. The Homœopathists and the Eclectics were each allowed five representatives in the Council, and provision was made, on the Board of Examiners, to protect the interests of their students. The schools were each given the right to have one member on the Board of Examiners, in addition to continuing the representative in the Council, and the provision that the curriculum shall

receive "the approval of the Governor-in-Council" before becoming obligatory on either schools, universities or students. The profession was well pleased for these considerations in the Council, and on the Examining Board, to have the entire profession brought under one control, and would have been willing to make even greater concessions had it been necessary. These privileges having been accepted in good faith, can they now be honorably withdrawn? To withdraw them, would it not be a breach of faith that would give rise to dissatisfaction, and an agitation that would break the entire compact?

There was no provision in the 1868 Act to allow the College to hold chattel property or real estate for the purposes of the Act; and they were compelled to hire such halls and other premises as they could, for the purpose of conducting the examinations, and to so examine that appliances were not necessary. The halls of Toronto University were secured and some others, but they did not prove satisfactory. When you recollect that the students from three different medical schools in Ontario, as well as students from Quebec and other places, had all to come together in one hall, you will readily understand that it required larger premises than was provided at that time by any of the universities. Examinations were conducted under difficulties, dissatisfaction prevailed both in the Council and among the students. The Board of Examiners was blamed, but the fault was not theirs; it was in the insufficient accommodation provided. This continued from 1868 to 1874, when we have the Council approaching the Legislature again. They pointed out that the Act as it existed was scarcely workable; that we were not allowed to hold real estate or chattel property; that we could not therefore own a hall in which to make proper provision for examining students, nor own the requisite appliances to make the examinations practical; and they sought further legislation in this direction. At the same time, they asked for a money grant on the ground that the Medical Act was a public Act and for the public interest, and that therefore public money should be given them. In reply, the Government said: "What you say is largely true. The public are greatly benefitted. We readily grant you the right to hold chattels and real estate, that you may perfect your examinations. This is in the public interest as well as the professional interest." But the members of the profession are themselves receiving the first benefit, and before we ask the public for a grant, they themselves should contribute something, as members of other professions do, to their professional funds. Upon that basis, a clause was introduced giving the Council power to impose a fee of not less than $1, nor more than $2 per year, upon each member of the profession, the $1 being made compulsory the first year. A glance at the financial returns will be instructive at this point. Previous to the 1874 Act, and after the establishment and conduct of examinations, during the

six years from 1868 to 1874, the receipts were not equal to the annual expenditure; the Treasurer was receiving no compensation for his services. The members of the Council complained that they were insufficiently paid, and as a matter of fact, the Council was not able to pay for what it honestly and legitimately should. After 1874 there was an influx of funds, partially owing to fees from members, and an increase from those passing the professional examinations. From that time forward, the Council had funds at its command, and were enabled to make provision for conducting more thorough and more complete examinations. These were more satisfactory to both Council and students, and more beneficial to the public and the profession, by bringing them in contact with a less number of poorly qualified medical men.

The general provisions of this Act, as to representation, registration, etc., were largely the same as with previous Acts with this material advance. There were three branches of the profession having representation in the Council. There were no students presenting themselves who wished to follow the Eclectic system. It was therefore concluded, that after five years, there would be no further need of their having representation in the Council, nor a member on the Examining Board. With their consent provision was made for terminating these privileges.

Another striking feature in this Act is that the Council is given full power to fix and establish the medical curriculum, without its being submitted for, and obtaining the approval of the Governor-in-Council, as required in both the '65 and '68 Acts.

The next Act is that of 1887. It has just two or three prominent features. The first is, that there is a change made in the representation in the Council. This change was to allow a representative each from Regiopolis and Ottawa Colleges respectively. This was brought about, not at the instance of the Council, or of the colleges themselves, but rather in spite of the Council. The Council believed that the colleges already had all the representation they should have, but the Legislature thought otherwise, and introduced these names as colleges to have representatives. I mention this particularly to show that, when you go to the Legislature to secure any measure for the medical profession, you are not exactly certain what you will bring away. You may get what you want. You may come away with additions that you did not desire. You are not approaching a body of professional men, but in the main laymen, who look with suspicion on the professions. It is therefore important that, when you do approach the Legislature, you do so as a united profession, working in the most perfect harmony, otherwise the results may be disastrous.

Another amendment by this Act is, a limitation was put to the period in which a medical man might be prosecuted for malpractice.

Previous to its enactment, I believe, the only limit was something like six years. In some cases, a medical man had been obliged to defend himself years after the witnesses were out of the way, and when the points were difficult to meet. This clause was obtained at the instance of the Council, and for the purpose of freeing the profession from an injustice of that kind.

The third feature of the Act was to give the profession a right to say who should continue to remain members. Hitherto you could not strike a man from the list of practitioners unless for some serious crime. This Act of 1887 allowed the Council, by a committee of medical men, to try members of their own profession on charges of infamous or disgraceful conduct in a professional sense. They take the evidence in the case, both for and against, and if, in their judgment, the person is unworthy to practise, the Council has a right to order his name erased from the register. The effect of this 1887 Act was to give the medical profession entire control of themselves. It made them completely self-governing. It has now a right to say who shall enter the profession, and the line of conduct they must pursue if they wish to remain in it. In a word, the profession established its own matriculation, its own medical curriculum, without its being submitted to the Governor-in-Council, and its own methods of conducting the examinations; it can hold the requisite chattels to make the examination efficient; and the necessary real estate to provide halls, and such premises as may be required for the purposes of the Act; it may determine what is disgraceful and infamous conduct in a professional sense, may try the practitioner charged with such, and if found guilty, expel him as unworthy to belong to an honourable profession. But for these privileges, we must tax ourselves not less than one nor more than two dollars per year each.

The next Act we come to is that of 1891. This Act has given rise to considerable misunderstanding and dissatisfaction. It has a number of prominent features. Previous to this time, you will remember, any person who was a matriculate in arts in any university in Her Majesty's dominions, had a right to be admitted as a matriculate in medicine. It was felt by some, that this was opening the door too wide, that in some parts of Her Majesty's dominions, there might be universities whose matriculation standard was not sufficiently high. The Legislature concurred in that view, and the Council was given power to say just what the standard shall be, anywhere, up to a degree in arts. It was finally arranged that it should be the Pass University Departmental Arts Matriculation examination, with Physics and Chemistry.

There is a feeling with some, that the Council is blameable for not being willing to accept arts matriculation from any part of Her Majesty's dominions. It is feared a standard may be set up which

would shut out some honest, industrious young men, and leave the profession open only to those born with "a spoon of silver." I need scarcely say to you, gentlemen, that the College of Physicians and Surgeons of Ontario is not likely to take any such step.

Another amendment under the heading of "Appeals" is made. If a practitioner had his name erased for unprofessional conduct, under the '87 Act an appeal might be made to a High Court Judge. A change was made so that an appeal may be had to a Division of the High Court.

There are a couple of other clauses amending the '87 Act, with reference to the taking of evidence and to the assessment of costs, important in the conduct of these cases.

We now come to a more important particular: section 9, subsection 22. This was placed in the Act for the purpose of enabling the Registrar to keep a correct register of all medical practitioners in the Province. If you examine the present register, you will find on it about 2,600 names. After the most careful examination, we believe there are about 2,148 practitioners in the Province. You will see, therefore, there is a great defect in the register. The Registrar does not become aware of those who have left the country, or who have ceased to practise from one cause or another, and, unless fully conversant with the facts, has no right to erase names. This clause provided, that in the event of an official letter from the Registrar, sent to a practitioner, remaining unanswered for six months, we may have a right to assume that he is dead, has left the country, or gone out of practice, hence his name may be dropped from the register. A similar clause is found in the '65 and '68 Acts, and, I believe, in the British Act. It was not in the 1874 Act, but is re-introduced in the Act of 1891. It was put there, not as a means of punishing the members of the medical profession, but rather with a view for perfecting the register, so that we might know who had a right to practise, and who had not. It also had the object of establishing a means of closer communication between the profession and the Council.

We turn next to the section that has given rise to the greatest amount of controversy, section 41, "A."

This section has several striking features in itself. The first is, a medical man is required to take out an annual certificate, and he is required to pay his annual dues before the 31st December in each year. According to the Statute of 1874, the fee was due on the 1st of January. He is given twelve months in which to pay the sum of not less than $1.00 nor more than $2.00. But even then, should he not pay, he must receive two months' notice; and if at the end of that time he does not remit the amount, the assumption is, that he does not wish to practise, and his name is erased from the register. The matter is thus left optional with himself, either to practise and pay,

or to cease to practise and cease to pay. He is prevented, however, from taking advantage of the payments made by others, and profiting at their expense.

The idea has been promulgated, that when a member is dropped from the list, he cannot be restored without considerable difficulty. That is not correct. Under clause 6 of the Act, provision is made that, whenever he wishes to resume his position among the medical men on the register, he need ask no favor from any person. He requires simply to pay his fees, and be reinstated.

It has been said the Council impose the fee. Gentlemen, you all know the Council do not impose the fee. It was imposed by the Statute in1874, after it was made clear to the Legislature that the fee was necessary to meet professional requirements; and every member of the profession at that time, or who entered it since, knew, or ought to have known, that it was one of the obligations he assumed as a member of the profession; he knew, or he ought to have known, that this fee was due and payable; and he should have known that unless it was paid, it is the duty of the Council to collect the amount and to collect it from every man alike. If they did not collect it they were negligent of their duty. Many have paid annually, or at least periodically, their entire indebtedness. Some there have been, who have taken all the advantages, and have not contributed their share. Is this just to the others?

The Council did not make collections as fully as they should. What is our excuse? Simply this: When we attempted to collect, the costs consumed nearly the whole amount, and the process through the Division Court was vexatious to those from whomwe collected. Let me read you some figures. In the medical year 1887-88, an expenditure of $434.00 collected $630.00 in fees. In 1888, an expenditure of $319.00 collected $376.00. Now these are the excuses and the only excuses the Council can offer, why it did not compel every member of the profession to contribute his fair and honest share as he should have done, in justice to his fellow-practitioners. Finding this difficulty in the way, and knowing that every member of the profession was alike responsible, and knowing, too, that this was part of the revenue to meet current expenses, the Council came to the conclusion that it was time steps be taken by which the payment should be equalized, and every man made to pay his equitable share. To receive a fee from one part, to use that money in the interest of the profession, to allow others to pay nothing, was laying an unequal burden on the shoulders of the medical men, and could not be justified. This clause was inserted, that it might be impossible for any to enjoy the advantages at the expense of others. Is that not right? That the amendment will meet the object desired, I need only mention that, since it came into operation, nearly $6,000 in fees have been paid, with no expense

other than postage. In connection with this same provision, the Act was made retroactive ; this is said to be an unprecedented thing. What does this retroactive feature mean ? It simply means this : That men who have been taking advantage of their fellow-practitioners for years, shall now be compelled to pay their fair share. It means, that they shall notbe allowed to plead the Statute of Limitations, but at this late day, they shall pay as others have done. Could justice demand less ?

It has been urged very strongly that the taking out of an annual certificate is derogatory to the profession—that it is humiliating—that it is placing you on a par with the hackman who requires to take out an annual license. The members of the profession are supposed to be so very dignified in their make-up, that they should not be asked to pay their just debts, and get a receipt, under the more genteel title of a certificate. Yet, some of these gentlemen, but yesterday so pachydermatous in their make-up, that they could be pierced only in the Division Court, now so sensitive, cannot stand this provision !

Are we children ? Are we hypercritical wise-acres ? Or are we men ?

Gentlemen, we are not the only incorporated body, the members of which are required to pay promptly an annual fee. The druggists have a provision by which every man who keeps a drug store must pay $4 per annum for his license. To pay this he is allowed till the first of May, otherwise he loses his license. Then, there is the legal profession. We have never found members of the legal profession backward in looking after their rights. We have never found them backward in standing up for liberty. The annual fees in their profession amount to about $18, and they are allowed to the last day in Michaelmas term to make payment and obtain the annual certificate. If after that time the amount is not paid, the right to practise is lost and they are subject to fine. We hear no outcry about their being humiliated or their liberties curtailed. Now, gentlemen, surely members of the medical profession are not so much more sensitive than those I have mentioned, that they should object to being asked to contribute their professional fee after being given twelve months in which to pay it, and two months' notice being required before any action can be taken.

The annual certificate is objected to because they say we had a right under our diplomas to practise without a fee during good behaviour. Unfortunately, diplomas do not undertake to cover everything. Previous to 1865 as now, each of the universities granted diplomas. These diplomas did not entitle to practise medicine, but they were received by the Government as proof that the person had the required professional knowledge, and upon the production of other testimonials "required by law in that behalf," the Government granted a license. The licentiates of the Medical Boards obtained licenses to

practise on proof of the same nature. Under the old diploma itself, there was no right granted to practise medicine at all. Some have said that the diploma of the College of Physicians and Surgeons was a diploma giving the right to practise for all time, and that it contains nothing about an annual fee. Look at the exact wording of that diploma. It simply sets forth that a certain gentleman has completed the curriculum, that he has passed the requisite examination, and that he has become a member of the College of Physicians and Surgeons of Ontario, and is *thereby* entitled to practise medicine, surgery and midwifery. This is simply an acknowledgment that he is a member of the College, and if a member he must be registered, and if registered he has a right to practise. But when registered, he is subject to the provisions of the Act respecting registration, and under that same Act he is required to pay an annual fee of not less than $1, nor more than $2; and that fee is due on the first day of January each year. The Council does not undertake by that diploma to grant any privilege whatever, either to practise or anything else, and it would be of no use if it did. There is no provision in the Statute to allow of it doing so, and its duty is not to make law but to carry out the provision of the Statute provided.

This section 41, "A" had in view the equalizing of the burdens of the profession; the avoidance of an accumulated amount of back fees, and the vexatious process of collecting through the Division Court; the saving of the expense necessarily incurred (a waste of funds) in collection; and the placing on the practitioner the onus of deciding whether or not he wished to practise, and if to practise then to make payment, and not on theCouncil to make collections. All of which it bids fair to accomplish, and all of which fair-thinking medical men will consider equitable and just.

Very serious objection has been taken to the Council for the uses to which this building is put. It has been said that the profession at large are being made to pay for a great mass of brick and mortar in Toronto, that the city medical men shall have a grand home at their expense. If we look carefully into the matter we find this is not true. The city practitioner does not use it unless he pays for it, and receives no advantage any more than the country practitioner. It is said the Council established a library for the exclusive benefit of the medical men of the city of Toronto. I need not tell you that the Council have not expended one solitary dollar on the library. While there is a library in the building, the owners of it pay a rental for the space they occupy, as any other person or persons would be required to do.

Then we are told, too, that the Toronto Medical Association have a rather fine time; that they were paying one hundred dollars a year rental for another building, but that they now use our hall, in the building of the College of Physicians and Surgeons, without cost

The facts are, the Library Association have sub-let to the Toronto Medical Association, the right to meet in their library once a week. The Council has no responsibility in any sense whatever; neither do they contribute, nor do the Toronto medical men derive one single cent' s worth of benefit from this building, other than the indirect benefit every other practitioner derives.

Again it is stated, that the college has no need of a hall for more than a few days in the year, and that one could be hired more cheaply. This needs very little in the way of reply. The experiment was tried from 1869 to 1874, and was so unsatisfactory that power was sought and obtained to own property. We mistake the profession if they would willingly return to trying the experiment again. There are those who do not learn by experience: they are not of the medical profession.

After obtaining the right to own property for the purposes of the Act in 1874, the building on this corner, an old church, was purchased at the earliest practicable moment. It was utilized for Council purposes until about 1886. It was found inadequate for the purpose, partly because of original construction, and partly because the progress of time brought greater necessities.

But it is urged a much less expensive building would meet the purpose, a building with less capacity, and why not erect such as would provide merely for your necessities. The answer is plain. It is because the larger building is cheaper to the profession. To obtain the required hall room to accommodate the students from the four medical schools in Ontario (not to mention the schools for ladies), together with those coming from Quebec and other places, it will readily be understood that large premises are required. If this were provided, and nothing more, there must be much waste space. Converting this space into offices, and renting them, affords the income that pays the interest on the indebtedness, and leaves a good margin towards maintenance, which would otherwise be borne out of funds from other sources, hence it is cheaper for the profession than a smaller building with no apartments to let.

We said at the Medical Association some days since, that the Council had a net income from this building of upwards of $500.00 per annum. On looking into this more critically, I find I had mistaken the Treasurer's statement; I will now give you some figures which I think are correct. We have a mortgage on the building for $60,000.00, bearing interest at five per cent., that costs us $3,000.00 a year for interest; the insurance is about $80, taxes about $625, man in charge of elevator $260, water rates $400, fuel $600, gas $150, making a total annual expenditure of $5,142.

Now we will look at the receipts. The last year before we came to occupy this building we paid rents for premises required $750. We

have a right to place to the credit that sum; for while it does not come in, we have prevented it going out by owning this building. We have rents amounting to $4,090; a total of $4,840. Deducting that from the $5,142 expenditure, it leaves $302 to be met annually from other sources. This represents the burden of the building at present. We have still a number of rooms that may be leased. If leased at the same rate as those at present in use, they will bring in about $3,000 per annum in addition to what we are already receiving. The City of Toronto buildings are being put up in the immediate vicinity, and offices in this locality will be easily rented, in fact will be at a premium, and I think we may safely count that those apartments will be rented in a short time.

The revenue will be somewhere in the neighborhood of $7,840. Deducting our present expenditure, will leave us a margin of $2,600 or so. I do not think this is calculated unfairly. It is what may reasonably be expected, and would be very satisfactory.

Gentlemen, there is just one other feature that I wish to bring to your attention. I pointed out in the early part of my remarks, that an attempt had been made to secure the repeal of the legislation of 1891, and to make other amendments to the Medical Act as well. As I have already told you, while the profession has not secured a Medical Act as perfect in all particulars as we could wish, yet we have made progress in our present status. Practically, the profession has been given self-governing power, and when we consider the diversity of interest to be guarded, the progress is perhaps as rapid as could be expected. In 1865, when the first Act establishing the Council was passed, there was a large number of medical men in practice with a great variety of qualifications; and some with no qualifications other than what they had acquired by time; there were several teaching schools and universities; there were three legalized branches of the profession, Eclectic, Homœopathic, and Regular, each having peculiar rights to be guarded. When you consider the Legislature is not made up of medical men, or even of professional men, I think you will agree with me, that the profession is to be congratulated on the progress made—but while this is true, there is yet danger of retrogressive steps being taken.

There are some among the profession who are dissatisfied with the action of the Council. They are principally of those who have given their own representative body the cold shoulder for these many years, and it is only now, when they can no longer secure advantages for which others have paid, that they take a lively interest in the profession and its representative body. While this is regrettable, it is still more to be regretted that they make attempts to secure alterations in the medical legislation of the Province, without the sanction of the profession obtained through their representative body. Such attempts

are against our best interests. They are ignoring the fact that we have a representative body, and that changes in our constitution should be sought in the constitutional way. Changes obtained in any other way will render the professional status insecure from year to year, and subject it to the whims and fancies of those seeking notoriety, or those who think that, through their influence in the Legislature, they can become the rulers of the profession. We need scarcely say that thoughtful medical men will not wish to put their profession in that position, but prefer that radical changes in the organization shall emanate from the profession in some organized form. The consensus of opinion may then be secured, even should all details not harmonize with our individual wishes. The last session of the Legislature was fruitful in attempts of this kind. There were no less than three Bills introduced to amend the Ontario Medical Act.

The first is, "an Act to amend the Ontario Medical Act." In this form, section 45 is amended by adding as follows: "But the application of a plaster or plasters, with the object of healing or removing cancers or other growths, shall not be considered as practising medicine or surgery within the meaning of this Act."

The next Bill is to repeal section 27 of the Ontario Medical Act. It is introduced not by medical men, as, in fact, neither was the other. It is therefore open to the same objections. To repeal this section means to strike off the fee that was found necessary and was imposed in 1874. The Council had the right, in making their estimates, to rely on this income from the profession; and now when they have entered into obligations, this Bill comes forward, not from the medical men, but from outsiders, to take away the fund upon which they have been relying to provide for their annual expenditure. It is equally objectionable with the other, as it did not emanate from the proper source.

We come now to the third Bill. This unfortunately was introduced by a medical man. I say unfortunately, because it is a great misfortune when we have medical men in the Legislature, who should be the guardians of the professional interests, yet are swerved from their plain duty, and who allow themselves to be used to make attacks on their own representative body. What is to be expected from lay members if professional men do not stand by their own professions? In the Ontario Legislature, there are eleven members of the College of Physicians and Surgeons of Ontario. Of these, nine worked manfully for their own representative body, and deserve the gratitude of the College, and of every individual member of it. To their exertions we are largely indebted for the throwing out of the three Bills we have brought to your notice. There were but two, who, for the moment, forgot their allegiance.

Gentlemen, the profession should watch this matter closely, and take what steps may be necessary to oppose all so-called amendments to the medical Acts, which do not emanate from the profession in organized form. It is difficult enough to secure the advancement of the profession. It will be still more difficult if by divided counsels one party pulls down while the other strives to build up. If we do not stand manfully together, that retrograde movements will be made there can be no doubt. The profession, I trust, will not expect too much from the Council. They must remember that its members are chosen from the human family with its usual frailties and its many infirmities, and it is not to be expected that its decisions can, in all cases, meet the views of the 2,100 medical men in Ontario, nor even the views of all the individual members of the Council Yet with honesty of purpose, and a faithful determination to do its duty, we have confidence the interests of the public and the profession will be served.

Now, if legislation can be induced by unauthorized parties to amend the Medical Act, then the members of the College of Physicians and Surgeons have no guarantee as to what their position will be. The only guarantee the profession can have, is to insist that legislation shall emanate in some way from their representative body; and, if not satisfied with their representatives, change them in the regular way. There will be differences of opinion as to what is best. There must be compromises by individuals; there must be compromises by members of the Council; each cannot secure his particular views in every detail. But so long as the legislation secured by the Council is in the right direction, moving forward in the interests of the public and the profession, we should be satisfied. The public security and ours is in obtaining legislation through our representative body; and we should be prepared to resist all legislation introduced from any other source.